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First Named Inventor Howard Rosen

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NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 51413 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 51413 OR Firm or Individual Name Address State Zip City Country Email Telephone Marc@hankinpatentlaw.com I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) BIGNATURE of Applicant or Assignee of Record Signature Name Howard Rosen Telephone (5)4) 489·202 MAQ CH 15. 7006 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *Total of forms are submitted.

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